

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(a).

1. Novelty aspects:

☒ Practitioner associated with the Challenge Number:

54089

555

Prophylactic treatment of more than ten patient prophylaxes are to be named, then a continuous column must be used.

[illegible]

(or attorney(s) or agent(s)) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.72(b).

Please change the correspondence address for the application submitted in the attached statement under 27 CFR 1.72(b) to:

24

The address associated with Customer Number

2233

03

☒ Falso de
Indicador: Nôto

BARDMESSER LAW GROUP

2000

525

5505

Yasuo Kikuchi

2030

Distance from road

SPHERA CORPORATION, Newton, MA

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB-96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE OF ASSIGNED OFFICER:

SIGNATURE of Assignee or Recipient
The individual whose signature and title is supplied below is authorized to act on behalf of the assignor:

2025/09/09

1325-28

Total:

Senior Director of Operations

552

References

[illegible]

If you need assistance in completing the form, call 1-800-PTC-8190 and select option 2.